Meeting of the States Parties to the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on Their Destruction

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Responding to a case of suspect biological weapons use: The command and control element at the scene

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Introduction

1. The first response to any case of suspect biological weapons use is very likely to be that of the State Party on whose territory an identifiable incident takes place; international assistance may appear on the scene shortly after the incident, or even some considerable time afterwards. In whichever scenario applies, an ability to organise, direct and contain such an incident is essential in ensuring an effective response in which humanitarian assistance can be provided promptly – primarily diagnostic, medical countermeasures and decontamination. The United Kingdom overall approach to preventing, preparing for and responding to a biological weapons attack was outlined in a working paper submitted to the Meeting of Experts in 2010.[1] A key issue highlighted was the need to address fully the command, control and coordination of multi-agency assets during an initial response and as the operation progresses. Command and control – the organisation, management and tasking of the response - especially in the initial stages when first responders arrive on the scene and are trying to determine the nature and scale of the problem, is thus a critical capability in ensuring early identification of the nature of the hazards and of the measures required to save lives.

2. This paper outlines some principles of command and control in this context based on United Kingdom national practice, which we believe might be of wider utility and which

[1] BWC/MSP/2010/MX/WP.7.

could be adopted or adapted by others to suit their own national circumstances. These principles may also be useful in thinking more generally about the organisation and provision of international assistance to a State Party exposed to danger as result of a violation of the Convention. This paper assumes a scenario in which there is an identifiable incident (or incidents) in a reasonably well defined area and where the initial presumption is that it could be CBRN in nature. In the case of a biological weapons attack, a deliberate release of agent may not always be obvious and may only become apparent gradually with no clear location of release on which to focus an immediate field response. In such cases, effective command and control at the strategic and tactical level remains essential for ensuring an effective response.

3. This working paper will focus only on *immediate* actions at the scene to give some idea of what is required. However, effective command and control must be maintained throughout the response to a biological weapons incident to avoid confusion amongst national emergency services and international assistance efforts arriving at the scene subsequently, and to prevent duplication of effort, misdirection or non-use of response capabilities and resources. Failure to do this effectively could make things worse, delay provision of assistance to those who require it, and prevent mitigation of the adverse health, economic and security consequences of the attack.

General principles

4. Clarity of purpose coupled with a clear definition of the various roles that are required for a first response to a suspect biological weapons incident are essential: delineation of responsibility for command and control *at the scene* of the initial incident is a fundamental requirement and this should reside in a single individual whose task will be to take overall operational command; to coordinate multi-agency activity and to decide upon and direct immediate action. In the United Kingdom there is a Joint Doctrine on the interoperability of the three emergency services for Emergency Response and Recovery when reacting to a major and complex incident.[2] This doctrine provides commanders at the scene and elsewhere with generic guidance on what actions they should undertake to deal with the incident. Three levels of command are outlined: operational, tactical and strategic and these are role not rank related. In the Joint Doctrine, command is defined as the exercise of vested authority that is associated with a role or rank within an organisation, to give direction in order to achieve defined objectives. Control is defined as the application of authority, combined with the capability to manage resources in order to achieve defined objectives.

Immediate challenges

5. It helps to break down the challenges into discrete well defined actions, which are largely sequential. In United Kingdom contingency planning nine such actions are central in the planning and execution of a response to a biological weapons incident. The tasks are:

- Command, control and coordination of emergency services and other resources.
- Mobilisation of responders to deal with the immediate consequences.
- Arrival at scene.

[2] See Joint Doctrine: the Interoperability Framework JESIP Joint Emergency Services Interoperability Programme http://www.jesip.org.uk/wp-content/uploads/2013/07/JESIP-Joint-Doctrine.pdf - annexes C, D, E (p.21-24) describe the roles and responsibilities for each level of command.

- Scene assessment.
- Scene management.
- Reconnaissance.
- Rescue and triage.
- Decontamination.
- Survivor management.

6. All activity must support the strategic intention of preserving and protecting lives, reducing the impact of the incident, informing the public and maintaining public confidence, and assisting an early return to normality. It must also be carried out in a way that ensures the health and safety of responders and safeguards the environment. It is also important to keep in mind the need to preserve evidence that could help in any investigation into source of the attack; there may be conflicts between the competing objectives of collecting and preserving evidence and providing humanitarian assistance that would need to be resolved.

Assessing and managing the situation

7. Three things must be done on first arrival at the scene of a suspect biological weapons attack: assess the situation; manage information; and manage the scene. Establishing what has happened requires collection and review of information as this provides the foundations on which to build an effective response. Relevant questions[3] include:

- What is already known about the incident?
- What information is available from first responders on the scene?
- What information exists from other sources such as eye-witnesses?
- What is the scale of the incident: are there any casualties?
- How many people appear to have been exposed? Are they showing any symptoms? If so, what symptoms are present?
- What are the release indicators?
    - Are there signs of blast damage to particular areas?
    - Is there any debris that may be from a dispersal device?
    - Are there suspicious pools of liquid or wet patches and splashes on the ground in normally dry conditions?
    - Are there any containers which appear unusual or out of place?
    - Are there any burst containers containing liquid or powder?
    - Are there any signs of vapour or mist, droplets or splashes not normally associated with that particular area?
    - Are ill, dead/dying people or animals present?

[3] Some of the information arising here might help identify the agent(s) used and therefore help better direct medical countermeasures, decontamination and quarantine efforts.

8. Identifying priorities for immediate action follows on from this along with assessing the immediate impact factors that could arise as a result of the incident, such as implications for critical infrastructure (water supplies, sewerage, power stations, hospitals, transport networks, food supplies) and populations downwind; this will help determine the steps required to mitigate the effects of the attack.

9. Keeping control of all the diverse and possibly conflicting strands of information that are likely to flow in large volumes in such situations is an essential task; there must be procedures and capabilities in place to ensure that it is collated, stored, and available and communicated to those who need it. This requires a command post to be established to serve as the central focal point in the field. Such a post helps the operational commander to coordinate a response and manage resources in support of tactical priorities. A command post needs to be staffed and equipped with appropriate information and communications technology (ICT). This post will also help manage the scene by ensuring that reports are handled promptly and instructions are directed appropriately; it will also provide a clear focal point for all those serving and supporting the response effort in the field. It will report developments and requirements to the tactical and strategic command levels.

Conclusion

10. This working paper emphasises the fundamental importance of effective command and control in the management and coordination of a response to a biological weapons attack and in containment of its effects. Many of the principles apply as much to an immediate national State Party response as to any international assistance teams arriving subsequently. The United Kingdom therefore suggests that the Meeting of Experts reaches a common understanding to this effect, with a view to the Meeting of States Parties making a recommendation for effective action as follows:

> "States Parties agree on the critical importance of effective command and control in the management and coordination of a response to a biological weapons attack and in the containment of its effects, and encourages those States Parties in a position to do so to assist other States Parties in the development of national capacities and capabilities and to place any offers of training or support on the assistance and cooperation database."